24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Americas PAC	
	C C00559906
Check if X 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
iHeart Media	M M / D D / Y Y Y Y
Mailing Address 2141 Grand Avenue	10 15 2014 Amount
City State Zip Code	21000.00
Des Moines IA 50312	Transaction ID : SE.4314 Date of Disbursement or Obligation
Purpose of Expenditure Media Purchase Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:00
BRUCE L BRALEY Oppose	President State: IA
Calendar Year-To-Date Per Election for Office Sought Dist 201	bursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
iHeart Media/KCYZ	M M / D D / Y Y Y Y Y
Mailing Address 415 Main Street	10 15 2014
4 to Main Street	Amount
City State Zip Code	1800.00
Ames IA 50010	Transaction ID : SE.4312
Purpose of Expenditure	Date of Disbursement or Obligation
Media Purchase Category/ Type	10 02 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
BRUCE L BRALEY Oppose	President State: IA
Calendar Year-To-Date Disl	bursement For: Primary X General
Per Election for Office Sought 10560.00 201	
(a) SUBTOTAL of Itemized Independent Expenditures	22800.00
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Tom Donelson [Electronically Filed] Date	10 15 2014
Signature	